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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/771147-Conf. #6199
		Filing Date	January 26, 2001
		First Named Inventor	John J. CASTELLOT, Jr.
		Art Unit	3764
		Examiner Name	J. W. Donnelly
Total Number of Pages in This Submission	1	Attorney Docket Number	JCW-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Response to Restriction Requirement; Return receipt postcard
Remarks		
<b>RECEIVED</b> <b>MAY 17 2004</b> <b>TECHNOLOGY CENTER R3700</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Anthony A. Laurentano - 38,220
Signature	
Date	May 11, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377 650 955 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 11, 2004

Signature:  (Anthony A. Laurentano)



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<b>FEE TRANSMITTAL for FY 2004</b> <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	09/771147-Conf. #6199
		Filing Date	January 26, 2001
		First Named Inventor	John J. CASTELLOT, Jr.
		Examiner Name	J. W. Donnelly
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3764
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	JCW-001
(\$)		1,005.00	

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:	
Deposit Account Number	12-0080
Deposit Account Name	Lahive & Cockfield, LLP
<b>The Director is authorized to: (check all that apply)</b>	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)			(\$)
			0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	Multiple Dependent		
Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)			(\$)
			0.00

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
SUBTOTAL (3)			(\$)
			1,005.00

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Anthony A. Laurentano	Registration No. (Attorney/Agent)	38,220
Signature		Telephone	(617) 227-7400
		Date	May 11, 2004

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